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2000/2001

Annual Report

Minister's HIV/AIDS Advisory Committee

The Minister's HIV/AIDS Advisory Committee advises the Minister of Health Planning on HIV/AIDS priorities, emerging issues, responses to the epidemic and evaluation

April 1, 2000 to March 31, 2001

BRITISH COLUMBIA
Ministry of Health Planning

To the Minister of Health Planning

The Minister's HIV/AIDS Advisory Committee is pleased to present its 2000/2001 annual report for April 1, 2000 to March 31, 2001. The report summarizes the committee's work during the year and provides an update on issues affecting people living with HIV/AIDS.

The committee considers policy issues that concern the well-being of people living with HIV/AIDS and those at risk of infection. Policy issues may be raised by committee members, people living with HIV/AIDS, their advocates, the Ministries of Health Planning and Services and other provincial or local agencies.

Consistent with *British Columbia's Framework for Action on HIV/AIDS*, the committee's advice focuses on HIV/AIDS prevention and education, the care, treatment and support of people living with HIV/AIDS and research, training and leadership in HIV/AIDS. The committee recognizes the complexity of both the HIV/AIDS epidemic and the problems people living with the virus face on a daily basis.

The co-chairs would like to thank the members for their commitment and work on behalf of the Minister's HIV/AIDS Advisory Committee and their compassion for those living with HIV/AIDS. We look forward to working with the new government to lend our collective wisdom towards the fight against HIV/AIDS.

Submitted this 18th day of September 2001.

Joan Bray
Co-chair
Minister's HIV/AIDS
Advisory Committee

Don Seaton
Co-chair
Minister's HIV/AIDS
Advisory Committee

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On the Epidemic

"...the news is great for some and not so great for others. AIDS rates for men have declined by 73 per cent, but AIDS rates for women have actually increased by five per cent. AIDS rates for men who have sex with men (MSM) have declined by 84 per cent, but AIDS rates for heterosexuals have increased by 28 per cent. And AIDS rates for injection drug users (IDUs) have risen by 35 per cent. AIDS rates for whites have declined by 71 per cent, but AIDS rates for aboriginals have hardly changed at all." Source: Michael L. Rekart, *Living Positive*, 9 (2000): 11.

Please Note:
In June 2001, the provincial government announced the establishment of two health ministries — the Ministry of Health Services and the Ministry of Health Planning. Since this annual report covers the period ending March 31, 2001, the report will refer to the Ministry of Health for activities that occurred in 2000/2001 and the Ministry of Health Planning for future actions.

What We Did

Confidentiality and Human Rights

- The committee met with the Provincial Health Officer to express concerns about HIV reportability.
- The committee discussed discrimination against people with addictions and HIV/AIDS with the Chief Commissioner of the British Columbia Human Rights Commission.
- The committee assisted in the development of rapid HIV counselling guidelines for health care professionals by the B.C. Centre for Disease Control and Prevention and called for monitoring of potential abuses.
- Some members attended a pre-consultation planning session on a tentative proposal to include HIV drugs on PharmaNet.
- The committee wrote the federal Minister of Health and Minister of Citizenship and Immigration to protest proposed mandatory HIV testing of immigrants.

Addictions

- The committee supported the recommendations of a draft discussion paper on a drug policy framework for British Columbia. At the committee's invitation, the Provincial Health Officer attended committee meetings to provide expertise on addictions and harm reduction issues.
- The committee met with representatives of the injection drug use and HIV/AIDS community to discuss *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver.* The committee wrote to the Mayor and councillors of the City of Vancouver endorsing broad consultation on the report.
- Committee members reviewed a provincial report on the future of British Columbia's addiction service system, *Weaving Threads Together: A New Approach to Address Addictions,* and a Health Canada report on harm reduction, *Reducing the Harm Associated with Injection Drug Use in Canada: Working Document for Consultation.*

Coordination and Integration

- The committee urged that funding for regionalized HIV/AIDS contracted services be "enveloped" and protected by the ministry. The committee was assured it would be.
- The committee encouraged the ministry to require health authorities to submit HIV/AIDS plans and to ensure submitted plans were rigorously screened.
- The co-chairs teleconferenced with the Minister's office to discuss community concerns about regionalization. At the HIV/AIDS communities' urging, the Minister advised that, where health authorities and community HIV/AIDS organizations prefer, HIV/AIDS contracts will continue to be administered by the Ministry of Health.
- A co-chair and member met with the Interministry Committee on HIV/AIDS to discuss progress on the advisory committee's recommendations on HIV/AIDS prevention, education, care, treatment and support. Some of the committee's recommendations were reflected in the interministry committee's report, *British Columbia's Action on HIV/AIDS*.
- At the committee's suggestion, an Assistant Deputy Minister's Committee on HIV/AIDS was formalized in November 2000.
- The committee supported adoption of an *Additional Monthly Health Allowances Under Schedule C for Persons Living with HIV/AIDS* proposal that resulted in provincial approval for a budget increase in health allowances.
- The committee helped ensure additional funding for the November 2000 and March 2001 Pacific AIDS Network meetings. The meetings provide HIV/AIDS organizations with a forum for their concerns.

HIV Prevention In Schools

- The committee's suggested strategies for improving HIV/AIDS and sexual health education in schools were forwarded to an interministerial education working group for review.

The committee acknowledges the commitment and contributions of co-chair Joan Bray, whose term ended March 31, 2001. The members thank co-chair Don Seaton for his ongoing leadership.

Executive Summary

The face of HIV/AIDS changes with time, but the underlying issues remain the same:

- addressing social determinants of health that place people at risk of HIV and AIDS;
- preventing and reducing the spread of HIV by providing clean needles, condoms and education;
- caring for and treating people infected with and affected by HIV/AIDS; and
- responding to the critical housing, income and support needs of people living with HIV/AIDS.

How British Columbia addresses these issues is a measure of how we value the most vulnerable members of our society.

The Minister's HIV/AIDS Advisory Committee has identified four current issues as being crucial to people living with HIV/AIDS:

Confidentiality and Human Rights

HIV/AIDS opens the door for human rights violations against those infected and at risk. Intolerance, violence and discrimination are still commonplace, as are breaches of confidentiality. An example is the draft proposal to include HIV drugs on PharmaNet. The Minister must be aware of the implications that policy decisions have for the privacy and human rights of people living with HIV/AIDS.

Addictions

People who use injection drugs are at increased risk of HIV/AIDS. A consistent criticism of harm reduction strategies, policies and programs is that people who inject drugs are excluded in their design, development and implementation. This exclusion reduces the effectiveness of harm reduction strategies and alienates and disempowers the very people policy makers are striving to assist.

It's a myth that addictions are exclusively an urban problem. Addicts also reside in rural communities where few resources exist. Community acknowledgment

of the social and health costs associated with addictions is essential. Such acknowledgment will act as a catalyst for community concerns and action.

Co-ordination and Integration

Continued and improved co-ordination of governmental and community efforts is vital. Providing regional HIV/AIDS services, affirming the worth of community-based organizations, developing HIV/AIDS programs for aboriginal people and closing gaps in provincial HIV/AIDS services are crucial for effective management of the HIV/AIDS epidemic.

The highest rates of sexually transmitted infections are among adolescent girls and young men.

HIV Prevention in Schools

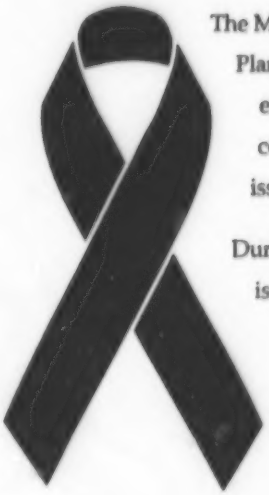
Taboos and program issues surrounding HIV and sexual health education in schools must be addressed to reduce HIV, hepatitis and sexually transmitted infections in young people. The education system must play a significant role in HIV prevention and education.

The Minister's HIV/AIDS Advisory Committee emphasizes that while HIV/AIDS is a global epidemic, communities need to think locally and develop their own resources. Until science catches up with HIV so that a vaccine or cure is available, there will be no end to the epidemic. Education remains our strongest tool to confront the virus.

HIV/AIDS in British Columbia

The Ministry of Health spends about $60 million annually on HIV/AIDS-related prevention, education, care, treatment and support. Over $11 million of these funds are service contracts to community-based HIV/AIDS organizations. Expertise on HIV/AIDS is provided by the B.C. Centre for Disease Control and Prevention and the B.C. Centre for Excellence in HIV/AIDS. Family physicians, street and public health nurses and community-based organizations play a critical role in prevention.

Issues of Concern



The Minister's HIV/AIDS Advisory Committee advises the Minister of Health Planning on HIV/AIDS priorities, emerging issues, responses to the epidemic, evaluation, funding and the ministry's annual HIV/AIDS work plan. The committee also ensures that the Minister recognizes and understands the issues related to people living with and affected by HIV/AIDS.

During 2000/2001, the committee advised the Minister of Health on four key issues:

- confidentiality and human rights;
- addictions;
- co-ordination and integration; and,
- HIV prevention in schools.

Confidentiality and Human Rights

On Disclosure

"Only in rare, exceptional cases will disclosure (of HIV/AIDS status) be justified....In all other situations in which claims for disclosure may arise, other means are often already available, would be less harmful than disclosure, and are likely to be necessary and more effective." Source: Ralf Jurgens, *HIV Testing and Confidentiality: Final Report*, 2nd ed., Ottawa, Canadian HIV/AIDS Legal Network and Canadian AIDS Society, March 2001.

A recurring HIV/AIDS issue is confidentiality and human rights. The right to confidentiality of HIV status touches at the heart of human rights legislation in British Columbia — dignity and respect for all.

What makes the issue so acute for HIV/AIDS is that breaches of confidentiality, which are commonplace, damage the public's trust in the health care system and have potentially disastrous consequences. Without adequate privacy and human rights protection, people at risk of or living with HIV/AIDS may be reluctant or unwilling to participate in prevention, education and treatment programs. That decision may cost lives and money.

The committee maintains that confidentiality problems are systemic in health care. In May 2000, the committee met with the Minister of Health, who assured members confidentiality concerns would be taken seriously. However, the committee remains concerned about four emerging threats to the privacy of people living with HIV/AIDS.

A request from British Columbia's Medical Health Officers to make HIV test results reportable

The committee believes potential disclosure of medical and personal information discourages many from seeking HIV testing and treatment. Breaches of confidentiality may affect employment and housing and place HIV-positive people and their families at risk. Aboriginal HIV/AIDS organizations are particularly concerned about the impact reportability would have on Aboriginal people seeking HIV testing and treatment.

The Minister's HIV/AIDS Advisory Committee believes data needed to track the HIV/AIDS epidemic is available without HIV being made a reportable condition. The committee remains unconvinced that reportability in other provinces has achieved its intended goals, such as improved partner notification and contact tracing. Further, reportability has limited benefit unless health authorities have adequate resources to follow up with HIV-positive clients.

What Happens Now

British Columbia currently uses non-nominal HIV testing and reporting. Codes or initials are used to identify HIV tests. Positive tests are recorded in a provincial database and duplicate test results identified. A B.C. Centre for Disease Control and Prevention nurse/epidemiologist follows up on positive HIV tests by offering case management resources to physicians or care providers. The centre may also sort data by health authority to assist local health care planners.

The introduction of rapid HIV tests

Rapid HIV tests use a pinprick blood sample that can detect HIV antibodies within minutes. A second lab test is required to confirm the presence of HIV antibodies.

Rapid HIV tests have been approved for use in Canada. Early results of a pilot study by the B.C. Centre for Disease Control and Prevention indicate most clients prefer rapid tests. To assist health care professionals to use the tests, the committee participated in the development of counselling guidelines by the B.C. Centre for Disease Control and Prevention. The guidelines recognize that rapid HIV tests can do harm. To prevent abuses, the use of rapid HIV tests needs to be regulated and monitored and pre- and post-test counselling given to clients.

What Happens Now

HIV tests require a two-week or longer wait for test results.

Rapid HIV tests are designed to be "point of care", which means they can only be used by specially authorized medical professionals. The tests are not intended for casual or home use or for use outside of a medical setting.

A tentative proposal to include HIV/AIDS drugs on PharmaNet

The Minister's HIV/AIDS Advisory Committee is concerned that, should this proposal proceed, those who work in pharmacies, physicians' offices and other health care centres will have expanded access to medical and personal information about people living with HIV/AIDS, opening the door for more breaches of confidentiality. There are some obvious merits to including this information on PharmaNet, but the advantages could be outweighed by potential harms. The committee expressed its concerns to the Director of Pharmacare in early 2000 and recommended Pharmacare consult with HIV/AIDS stakeholders. That consultation has yet to occur.

What Happens Now

HIV/AIDS drugs are dispensed through the B.C. Centre for Excellence in HIV/AIDS. The centre keeps client records on its own secure database. With a few exceptions, these drug records are not included in the PharmaNet database. An exception is people who have been incarcerated in a provincial correctional centre.

A federal proposal to make HIV testing of prospective immigrants mandatory

People testing HIV positive may be excluded from entering Canada on grounds they present a public health risk or could incur excessive costs to the health care system. The Minister's HIV/AIDS Advisory Committee has corresponded with the federal Minister of Health and Minister of Citizenship and Immigration, emphasizing that the exclusion of HIV-positive immigrants may promote discrimination and violence towards a particular group of immigrants and contravenes the spirit of the Charter of Rights and Freedoms.

What Happens Now

HIV testing is not mandatory for immigrants; however prospective immigrants who have medical problems may be refused entry to Canada.

Our Advice on Confidentiality and Human Rights Issues

The Minister's HIV/AIDS Advisory Committee recommends the Minister:

- support the Provincial Health Officer in working with HIV/AIDS stakeholders to develop creative and innovative ways to achieve the desired outcomes of HIV reportability while preserving individuals' privacy. The committee has emphasized to the Provincial Health Officer the necessity of consulting with stakeholders before any decision is made;
- give careful consideration to the consequences of rapid HIV tests, provide counselling guidelines and ensure that regulation and monitoring occur;
- regarding PharmaNet:
  - ensure a thorough and informed stakeholder consultation occurs prior to a decision on the PharmaNet proposal;
  - as an alternative to blanket inclusion of HIV drugs on PharmaNet, consider an "opt in" system of including HIV medications on PharmaNet (or leave HIV medications on the existing B.C. Centre for Excellence in HIV/AIDS database);

- examine existing PharmaNet legislation and regulations to ensure they are adequately flexible to allow exceptions to the mandatory inclusion of HIV/AIDS drugs on PharmaNet and to prevent breaches of confidentiality;

▶ discuss with the federal Minister of Health and Minister of Citizenship and Immigration the desirability of evaluating immigration requests on an individual case basis.

The Minister's HIV/AIDS Advisory Committee supports the 1998 International Guidelines on HIV/AIDS and Human Rights, released by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS (UNAIDS):

"[t]here is no public health rationale for restricting liberty of movement or choice of residence on the ground of HIV status....Where States prohibit people living with HIV/AIDS from longer-term residency due to concerns about economic cost, States should not single out HIV/AIDS, as opposed to comparable conditions, for such treatment, and should establish that such costs would indeed be incurred in the case of the individual alien seeking residency."

Addictions

On Harm Reduction

Harm reduction works to reduce the adverse effects of behaviour, such as injection drug use or needle sharing, without requiring abstinence from those behaviours. It addresses the immediate issue by acknowledging that, even though they are aware of the consequences, some people will continue to engage in high risk activities.

On Treatment

Only about 25 per cent of injection drug users with HIV/AIDS are on antiretroviral therapies.

Reducing the spread of HIV requires dealing with addictions. Addictions cannot be addressed in a simplistic way, nor can addicts be treated for HIV in isolation from their substance use.

To date, health care programs have largely failed people with addictions. Few injection drug users with HIV are on antiretroviral therapy that could delay the progress of their illness. Expanded services to permit significant changes in the lives of addicts are sorely needed. The absence of services in many rural areas and the "not in my backyard" (NIMBY) syndrome in urban communities deters government and community addiction intervention efforts. Widespread discrimination against people with addictions creates barriers that violate their basic human rights and prevents them from using health care services that could improve the quality of their life. Although there is a growing body of strategies and best practices evidence for the prevention and treatment of addictions, turning these strategies into action has been painfully slow.

During 2000/2001, the committee emphasized the plight of injection drug users with representatives of the injection drug use and HIV/AIDS communities, the City of Vancouver, Provincial Health Officer and committee members from the B.C. Centre for Excellence in HIV/AIDS and B.C. Centre for Disease Control and Prevention.

The committee notes both the British Columbia drug policy framework and City of Vancouver report, *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver*, are consistent with the recommendations of the June 1998 Provincial Health Officer's report, *HIV, Hepatitis, and Injection Drug Use in British Columbia—Pay Now or Pay Later?* The Minister's HIV/AIDS Advisory Committee has long advocated for adoption of the *Pay Now or Pay Later?* report.

Although committee members are concerned about the lack of representation in preparing these reports from the injection drug use and Downtown Eastside communities, the committee has also reviewed with interest two other reports:

- *Weaving Threads Together: A New Approach to Address Addictions*, on British Columbia's addiction service system; and

- *Reducing the Harm Associated with Injection Drug Use in Canada: Working Document for Consultation*, a federal/provincial/territorial report from Health Canada.

These reports are clear — given the political will, change is not only desirable, but possible.

Our Advice on Addictions

On Community Planning

Experts don't have all the answers — people most directly affected by addictions provide important input.

The Economics of Hepatitis Co-infection

A high number of people with HIV/AIDS also have hepatitis. The medical cost of hepatitis alone, from diagnosis to death, including loss of income, is estimated to be $1 million a person. British Columbia has over 80,000 cases of hepatitis B and C — more than four times the national average. Over half of hepatitis C cases are among injection drug users. Inmates of correctional centres, where injection drug use is high, are at particular risk. About 25 per cent of people with hepatitis C develop liver failure or cancer or require a liver transplant, at a cost of $100,000 per patient [first year].

Source: Vancouver/Richmond Health Board, *A Hepatitis Strategy for British Columbia*, Vancouver, Vancouver/Richmond Health Board, 1999.

The Minister's HIV/AIDS Advisory Committee supports the harm reduction approach and drug policy framework for British Columbia proposed by the Provincial Health Officer. The committee believes the federal, provincial and municipal governments need to:

- translate existing recommendations into action;
- ensure health authorities are familiar with harm reduction concepts; and,
- communicate with the public about strategies to contain the addictions crisis.

For addiction strategies to be effective, all levels of community—from addicts to those who live and work in at-risk areas—and government must be involved.

The City of Vancouver discussion paper, *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver,* acknowledges that drug problems and service strategies in the Downtown Eastside affect the entire Lower Mainland. The Minister's HIV/AIDS Advisory Committee has encouraged the City of Vancouver to circulate this document throughout British Columbia to educate people living outside the Lower Mainland about the relationship between addictions, HIV and co-infections, such as sexually transmitted infections and hepatitis.

The committee recommends other health authorities consider similar community planning models that:

- involve people at risk of or living with HIV/AIDS, particularly injection drug users, in planning and providing local services;
- provide an appropriate range of HIV/AIDS services, including needle exchange/harm reduction services, throughout their regions;
- reduce migration to high risk areas by encouraging people to remain in their own communities; and
- support a holistic approach to addictions strategies. Safe housing, adequate income and health and support services must be included in any plan that hopes to reduce the harm of HIV/AIDS to individuals and communities.

The Minister's HIV/AIDS Advisory Committee also continues to advocate for more and enhanced needle exchange/harm reduction services. The Ministry of Health has committed to review the provincial needle exchange policy and to establish a harm reduction reference group, comprised of managers of provincially-funded needle exchanges. The committee urges the Minister to follow through on these initiatives by enhancing existing services and creating more needle exchange/harm reduction services — particularly on reserves, in rural communities and in areas where no services exist.

The Case for Health Outreach Services

The support, encouragement and caring of harm reduction/health outreach staff can have a positive influence in assisting high risk populations to use health and social programs that improve the quality of their life. Front line intervention services use strategies, such as needle exchange, to reduce the transmission of HIV, hepatitis and other communicable diseases. An example is providing people who inject drugs with clean injection equipment and providing condoms to reduce sexually transmitted diseases. Many health outreach services also offer a broad range of health promotion, education and referral services. Health outreach services are the first line of entry to the health care system for some clients. They provide a safe, non-judgmental environment that is respectful of clients' dignity and needs. Health outreach staff provide individual education on vein maintenance care, overdose prevention and harm reduction relating to drugs and other health issues. Health outreach workers also identify service needs around detoxification, rehabilitation, addiction counselling, social services, mental health and concurrent disorders. Workers provide either referrals or tests for HIV, hepatitis, tuberculosis and sexually transmitted diseases and vaccinations. Health outreach services alert people to health and safety issues, such as dangerous street drugs, attacks on street people and "bad dates". Health outreach services also develop individual and group support networks.

Co-ordination and Integration

On Regionalization

Regionalization of HIV/AIDS services was initially delayed in recognition of the anticipated controversy about the transfer of community-based HIV/AIDS contracts to health authorities. The Minister's HIV/AIDS Advisory Committee has recommended the HIV/AIDS Division be proactive in the regionalization process and in resolving disputes.

The decision to regionalize community-based HIV/AIDS contracts was announced by the Ministry of Health in September 1998. Regionalizing the contracts transfers responsibility for their administration to local health authorities. It continues a ministry initiative, begun in 1993, to empower regions to plan and deliver health care services.

The goal of regionalization is laudable. However, some HIV/AIDS advocates and numerous community HIV/AIDS groups have questioned the ability of regionalized services to:

- recognize and be responsive to trends in new HIV infections;
- make effective use of limited resources; and
- deal with the complex needs of people living with HIV/AIDS.

These groups are concerned that AIDS service organizations that have been at the forefront of prevention, education, care, treatment and support services for people living with HIV/AIDS will be displaced by an institutional approach. Some health authorities are equally hesitant to assume responsibility for community-based contracts.

Community-based HIV/AIDS organizations have spent many years advocating for the rights and needs of people living with and at risk of HIV/AIDS. They contribute tremendous skill and experience to the realm of HIV/AIDS and achieve results traditional health care institutions cannot.

The committee recognizes integration is easier said than done. While some progress has been made, the committee is also aware of many instances where community-based organizations and health authorities remain at odds.

The committee also continues to advocate for better co-ordination and integration between government ministries. The advisory committee's work on a joint government-community proposal (Schedule C) to provide increased health allowances for people living with HIV/AIDS and receiving B.C. Benefits demonstrates the critical importance of interministerial co-ordination. The committee has been tenacious in reminding the province the proposal is a leading priority for the committee and the HIV/AIDS community. The committee appreciates the province's decision to increase its 2001/2002 budget for health care allowances.

Our Advice on Co-ordination and Integration

The committee hopes the minister will address the outstanding committee recommendations from its 1999/2000 annual report:

In January 2001, the Minister of Health announced that regionalized administration of AIDS service contracts would only proceed where agree to by health authorities and AIDS service contractors.

- Re-examine historic funding inequities. HIV/AIDS funding varies regionally — some communities have little or no HIV/AIDS funding. The ministry needs to review and revise its funding formula to encourage the development of regional HIV/AIDS services.
- Encourage community needs assessments and inventories.
- Encourage culturally-sensitive HIV/AIDS care.
- Encourage the development of dispute resolution processes between health authorities and community-based organizations.

The committee emphasizes the importance of involving aboriginal organizations in the development of health services plans and HIV/AIDS regional plans. Aboriginal people have over three times the rate of HIV compared to the general population. Ongoing support for *The Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in B.C.*, intended to reduce and treat HIV/AIDS infection among aboriginal people, is essential.

The committee also applauds the efforts of the Interministry Committee on HIV/AIDS to improve HIV/AIDS services within government. The committee considers the interministry committee's updates and report, *British Columbia's Action on HIV/AIDS*, as positive strategies for improving government services for people living with HIV/AIDS. The committee is hopeful that, with the formation of an Assistant Deputy Ministers' Committee on HIV/AIDS, changes will be accelerated.

Finally, the committee hopes the secondment of a community representative to work with the provincial HIV/AIDS division will proceed in 2001/2002. Since the committee's last annual report, the division has hired new staff to fill key positions in policy analysis and program consultation. These positions have helped alleviate the human resources issues the committee identified as a concern in 1999/2000.

The Interministry Committee on HIV/AIDS is responsible for developing and co-ordinating government services and policies to reduce HIV infections. The committee works to improve the quality of life of people living with HIV/AIDS and their caregivers.

HIV Prevention in Schools

On Risk

"Everyone wants us to protect ourselves (with condoms) but no one wants to make it easy for us to get them." A student, as cited in the Council of Ministers of Education, Canada, *Schools, Public Health, Sexuality and HIV: A Status Report*, Ottawa, Health Canada, 1999, 171.

Young people remain at immense risk of sexually transmitted infections, including HIV/AIDS and hepatitis. A number of social and policy issues have traditionally stood in the way of sexual health and HIV education and services in schools:

- school policies may prevent or limit sexual health and HIV education and services in schools;
- school curricula may be outdated;
- teachers may lack teaching resources and training to address social issues;
- young people may be reluctant to discuss sexual health and HIV; and
- some parents may be opposed to schools playing a role in sexual health education.

A growing separation between public health units and schools magnifies these problems.

Not dealing with HIV/AIDS at an early age places young people at a preventable risk of acquiring these chronic and often deadly diseases.

A 1999 report of the Council of Ministers of Education, Canada, *Schools, Public Health, Sexuality and HIV: A Status Report*, recommends:

- school systems and public health units work in unison to plan and deliver education programs and sexual health services to adolescents;
- schools target students at highest risk of HIV and sexually transmitted infections;
- schools create safer environments for gay, lesbian, bisexual, transgendered and questioning students;
- teachers be given up to date research, training and teaching materials; and

- parents, students and community-based HIV/AIDS organizations participate in the planning and delivery of sexual health and HIV/AIDS programs.

Our Advice on HIV Prevention in Schools

Youth need to be provided with the opportunity to understand and make connections between sexuality, maturity and peer pressure. Besides comprehensive sexuality education, students must have access to sexual health clinical services that have been adapted to the needs of youth, including gay, lesbian, bisexual, transgendered and questioning youth. They need access to public health nurses and a range of supportive social and counselling services. An integrated approach to early identification, referrals, treatment and follow up is important.

The Minister's HIV/AIDS Advisory Committee has prepared a lengthy list of suggestions for the Ministry of Education to assist schools in teaching about HIV/AIDS and sexual health. Underlying these suggestions are two premises:

- that the policy directions in *Schools, Public Health, Sexuality and HIV: A Status Report* be adopted, province-wide; and
- that HIV/AIDS and sexual health education need to be part of every school course, from elementary school to Grade 12.

The Minister's HIV/AIDS Advisory Committee encourages the education working group of the Interministry Committee on HIV/AIDS to act promptly on suggested strategies to improve HIV prevention and sexual health education in schools.

What's Next

The Minister's HIV/AIDS Advisory Committee urges the new government and Ministers of Health Services and Health Planning to consider HIV/AIDS a strategic priority for provincial funding and policy making.

Continued priorities for the committee will be:

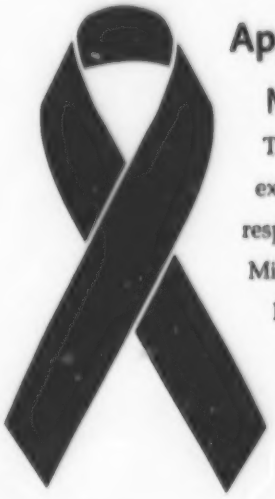
- addictions;
- reviewing regional HIV/AIDS funding with an interest to ensuring equity and fairness;
- remaining vigilant on the implementation of health allowances for B.C. Benefits' recipients;
- working with the British Columbia Human Rights Commission to reduce discrimination and preserve the privacy of people living with HIV/AIDS; and
- following up on the committee's recommendations regarding HIV and sexual health education and services in schools.

The committee will also commit, through a co-chairs' letter, to communicate more frequently with people living with HIV/AIDS, their advocates and government.

The appointment of nine new members in 2001/2002 brings a fresh perspective to the committee's work. We welcome our new members and thank those who have served the committee so ably in the past year.

The Minister's HIV/AIDS Advisory Committee can be contacted online at www.healthservices.gov.bc.ca/hiv/

Appendices



Appendix A

Mission

The Minister's HIV/AIDS Advisory Committee is an independent, external reference body that assists the government of British Columbia in responding to the HIV/AIDS epidemic. The committee reports to the Minister of Health Planning and liaises with the director of the Ministry of Health Services' HIV/AIDS division.

Appendix B

Objectives

The Minister's HIV/AIDS Advisory Committee:

- informs policy direction and provides advice on priorities, emerging issues, responses to the epidemic and evaluation of provincial policies and programs;
- promotes understanding on HIV/AIDS issues and builds alliances among governments, health authorities, non-government organizations and others; and,
- informs the Ministry of Health Services' annual work plan on HIV/AIDS.

The committee provides an annual report to the Minister of Health Planning and gives advice on funding priorities.

Appendix C

Members

Committee members are recruited through a call for applications. About one-third of members, including a co-chair, are people living with HIV/AIDS. The committee may also seek members who represent particular areas of interest.

During 2000/2001, the committee had 16 members, including:

- people involved with HIV/AIDS community organizations, needle exchange programs, other community organizations and direct service providers;
- health professionals knowledgeable about and/or who specialize in HIV/AIDS;
- a representative of the B.C. Centre for Disease Control and Prevention;
- a representative of the B.C. Centre for Excellence in HIV/AIDS;
- representatives of health authorities; and
- members at large who are knowledgeable about HIV/AIDS through volunteer experience, community work, consulting, research, administration or other activities.

The Provincial Health Officer, director and staff of the ministry's HIV/AIDS division, the director of the aboriginal health division and the regional programs accountability branch were ex-officio members. The assistant deputy minister of regional programs policy and strategic initiatives also attended on behalf of the ministry.

2000/2001 Public Members

Co-chairs

Joan Bray, Cranbrook

Don Seaton, Vancouver

Members

Paula Braitstein, Vancouver

John Cameron, Richmond

Dr. Brian Conway, Vancouver

Gordon Cote, Nanaimo

Glen Hillson, Vancouver

Dr. Robert Hogg, Vancouver

Stephanie Killam, Mackenzie

Dr. James Lu, Kamloops

Malsah, Surrey

Linda Manzon, Grand Forks

Dr. Michael Rekart, Vancouver

Jan Robert, South Hazelton

Sheena Sargeant, Vancouver

John Turvey, Vancouver

Past Public Members

Tom McAulay, Vancouver

Dr. Michael O'Shaughnessy, Vancouver

Ex-officio Members

Lisa Allgaier, Director, Aboriginal Health Division, Ministry of Health

Elena Kanigan, Director, HIV/AIDS Division, Ministry of Health

Dr. Perry Kendall, Provincial Health Officer

Linda Mueller, Minister's HIV/AIDS Advisory Committee Secretariat/ Coordinator, Policy and Support, Regional Programs Accountability Branch, Ministry of Health

Appendix D

Acknowledgments

The Minister's HIV/AIDS Advisory Committee acknowledges those individuals and agencies that made presentations throughout the year:

- **Jeff Anderson,** Pacific AIDS Network
- **Roz Currie,** British Columbia Human Rights Commission
- **Shawn Galvin,** community representative
- **Dennis Hutchinson,** Pacific AIDS Network
- **Evin Jones,** Pacific AIDS Network
- **Donald MacPherson,** City of Vancouver
- **Douglas McCall,** Health Canada
- **Marnie Mitchell,** Pharmacare
- **Warren O'Briain,** AIDS Vancouver
- **Mary-Woo Sims,** British Columbia Human Rights Commission
- **Judi Ward,** Ministry of Social Development and Economic Security

and all those who represented the interests of the HIV/AIDS community to the committee. Their involvement has assisted the committee in maintaining a balanced perspective on HIV/AIDS issues in British Columbia.

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Appendix E

Key Documents

The Minister's HIV/AIDS Advisory Committee reviewed the following documents during 2000/2001:

Correspondence

ANKORS. "To the Minister's HIV/AIDS Advisory Committee". 15 Nov 2000. Letter.

British Columbia Persons with AIDS Society. "To the Director of Pharmacare." 27 Feb 2001. Letter.

_____. "To the Honourable Allan Rock." 27 Feb 2001. Letter.

_____. "To the Honourable Corky Evans." 26 Feb 2001. Letter.

_____. "To the Honourable Corky Evans." 26 Feb 2001. Letter.

Name withheld. "To a Co-chair, Minister's HIV/AIDS Advisory Committee." 15 May 2000. Letter.

Pacific AIDS Network. "To the Honourable Corky Evans." 15 Dec 2000. Letter.

Pharmacare. "To (a committee member)." 2 Jan 2001. Letter.

Provincial Health Officer. "Consumer Alert re: Nonoxynol-9." 11 Sept 2000. Letter.

_____. "To the Co-chairs, Minister's HIV/AIDS Advisory Committee." 1 Dec 2000. Letter.

The Honourable Allan Rock. "To the Co-chairs, Minister's HIV/AIDS Advisory Committee." 12 Jan 2001. Letter.

The Honourable Corky Evans. "Personal Message and Letter of Greetings from the Honourable Corky Evans, Minister of Health and Minister Responsible for Seniors, Pacific AIDS Network General Assembly, Vancouver, B.C." 4 Nov 2000. Greetings.

_____. "To AIDS Service Organizations, Needle Exchange Agencies and Health Authorities." 26 Jan 2001. Letter.

Legislation

Pharmacists, Pharmacy Operations and Drug Scheduling Act. Pub. L. RSBC 1996. Chapter 363.

Media

British Columbia Persons with AIDS Society. *Living Positive* 11:2 (2001).

Government of British Columbia. News release. *Task group to advise on changes to addiction services*. 18 Dec 2000.

Health Canada. News release. *Rock and Sekora announce funding for British Columbia community health initiative*. 28 April 2000.

International Scientific Community. News release. *Worldwide Coalition of Concerned Scientists Issues Durban Declaration Affirming HIV is the Cause of AIDS: Unprecedented Statement of Unity Will Appear in July 6, 2000 Issue of Nature*. 1 July 2000.

Skelton, Chad. "AIDS may kill 500 on east side, study says". *Vancouver Sun*, undated.

Reports

Aboriginal Governors Working Group. *Achieving a Balance of Wellness for All British Columbians: Aboriginal People and Regionalization, Recommendations to the Ministry of Health*. Victoria: Ministry of Health, 1999.

B.C .Centre for Disease Control Society. *Counselling Guidelines for Rapid Point-of-Care Antibody Testing*. Vancouver: B.C. Centre for Disease Control Society, 2000.

Canadian Community Epidemiology Network on Drug Use. *Vancouver Drug Epidemiology and Drug Crime Statistics 2000*. Summary and draft report. Vancouver: Vancouver/Richmond Health Board, 2000.

Council of Ministers of Education, Canada. *Schools, Public Health, Sexuality and HIV: A Status Report.* Final report and selected findings. Ottawa: Health Canada, 1999.

Council of Ministers of Education, Canada, and Health Canada. *Canadian Youth, Sexual Health and HIV/AIDS Study: Overview.* Ottawa: Health Canada, undated.

Downtown Eastside Youth Activities Society. *Health Outreach Program.* Vancouver: Downtown Eastside Youth Activities Society, 1999.

Federal/Provincial Harm Reduction Working Group from British Columbia. *A Drug Strategy for BC.* Draft discussion paper. Victoria: Provincial Health Office, 2000.

Five Federal/Provincial/Territorial Committee. *Reducing the Harm Associated with Injection Drug Use in Canada: Working Document for Consultation.* Ottawa: Health Canada, 2001.

Hanvelt, Robin, Tobin Copley, David Schneider and Nancy Meagher. "The Economic Costs and Resource Impacts of HIV/AIDS in British Columbia". Report on National Health Research and Development Program Project No. 6610-2372-AIDS. Ottawa: Health Canada, 1999.

Health Canada. *Recent Trends in HIV and AIDS in Canada.* Presentation slides. Ottawa: Health Canada, 2001.

_____. "Point-of-Care HIV Testing Using Simple/Rapid HIV Tests: Guidance for Health-Care Professionals". *Canada Communicable Disease Report* 26:7 (2000).

Interministry Committee on HIV/AIDS. *British Columbia's Action on HIV/AIDS: Report from the Interministry Committee on HIV/AIDS.* Victoria: Ministry of Health, 2000.

MacDougall, Robbie G., et al. *HIV/AIDS Update: Year End Report 1999.* Vancouver: B.C. Centre for Disease Control Society, 2000.

MacPherson, Donald. *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver.* Vancouver: City of Vancouver, 2000.

Ministry of Health. *BC Health Action.* Information package. Victoria: Ministry of Health, 2000.

_____. *Funding for AIDS Service Organizations and Needle Exchanges: Expenditures by Fiscal Year.* Victoria: Ministry of Health, 2001.

_____. *HIV/AIDS Division Business Plan: Fiscal Year 2000/2001.* Victoria: Ministry of Health, 2000.

_____. *Women and HIV/AIDS: Access to Care.* Victoria: Ministry of Health, 2000.

_____. *Women and HIV/AIDS Projects.* Victoria: Ministry of Health, 2000.

Office of the Chief Coroner. *Illicit Overdose Deaths as of 09-Jan-01.* Victoria: Ministry of Attorney General, 2001.

Pacific AIDS Network. *Strategic Planning Report: Planning for a sustainable future!* Vancouver: Pacific AIDS Network, 1999.

Prince George Palliative Care Task Force. *Community Meeting.* Prince George: Prince George Palliative Care Task Force, 2000.

Provincial Health Officer. *HIV Reportability: Discussion Paper for Community Consultation.* Victoria: Provincial Health Office, 2000.

_____. *Making HIV Infection Reportable.* Victoria: Office of the Provincial Health Officer, 2000.

Single, Eric. *A Harm Reduction Framework for Drug Policy in British Columbia.* Victoria: British Columbia Federal/Provincial Harm Reduction Working Group, 1999.

The Red Road HIV/AIDS Network Society. *Evaluation Report: The Red Road: Pathways to Wholeness, An Aboriginal Strategy for HIV and AIDS in BC.* Vancouver: The Red Road HIV/AIDS Network Society, 2000.

Research

Adilman, Steve, MD, and Gordon Kliewer, RN. "Pain and wasting on Main and Hastings: A perspective from the Vancouver Native Health Society Medical Clinic". *BC Medical Journal* 42:9 (2000): 422-25.

Christie, Timothy. "Recalcitrant HIV-Positive Persons: The Problem of People Who are Unwilling or Unable to Prevent the Transmission of Communicable Disease". *Health Law in Canada* 20:4 (2000): 53-57.

Health Canada. "Confronting AIDS: An Aggressive and Bold Course for the Future of The Canadian Strategy on HIV/AIDS". *Point of Change, Point of View* Special Issue (2000).

Hogg, Robert S., Martin T. Schechter, Arn Schilder, Rick Le, Steffanie A. Strathdee, Irene L. Goldstone and Michael V. O'Shaughnessy. "Access to Health Care and Geographic Mobility of HIV/AIDS Patients". *AIDS Patient Care* 9:6 (1995): 297-302.

Hogg, Robert S., Jeff Whitehead, Maura Ricketts, Katherine V. Heath, Edward Ng, Pierre Lalonde and Martin T. Schechter. "Patterns of geographic mobility of persons with AIDS in Canada from time of AIDS index diagnosis to death". *Clin Invest Med* 20:2 (1997): 77-83.

Rekart, Mike, et al. *The Impact on Patients and Care Providers of a Point of Care Rapid HIV Test.* Clinical Trial: Counselling Fast-Check Hiv 1/2 (Whole Blood). Vancouver: B.C. Centre for Disease Control Society and BioChem ImmunoSystems Inc., 2000.

VIDUS. "Mortality Review". *The Vidus Bulletin* 1:1 (2000).

Wood, Evan, Benita Yip, Nada Gataric, Julio S. G. Montaner, Michael V. O'Shaughnessy, Martin T. Schechter and Robert S. Hogg. "Determinants of geographic mobility among participants in a population-based HIV/AIDS drug treatment program". *Health and Place 6* (2000): 33-40.

Wood, Evan, Benita Yip, Arn Schilder, Julio S. G. Montaner, Michael V. O'Shaughnessy and Robert S. Hogg. *The Impact of HIV Care and Support on the Mobility of Persons taking Anti-HIV Therapy.* Vancouver: B.C. Centre for Excellence in HIV/AIDS, 2000.

Other Documents

Ministry of Health. *BC Palliative Care Benefits Program.* Draft brochure. Victoria: Ministry of Health, 2001.

Ministry of Health, BC Women's Hospital and Health Centre and Ministry of Women's Equality. *Call for Proposals: Training Grant HIV/AIDS and Women, Information and Application Form.* Victoria: Ministry of Health, 2000.

Ministry of Social Development and Economic Security. *Additional Monthly Health Allowances Under Schedule C for Persons Living with HIV/AIDS.* Presentation notes. 7 March 2001.

Pharmacare. *Listing of Anti-retroviral Medications on PharmaNet Issues Meeting.* Meeting notes. 13 July 2000.

Provincial Health Officer. "Expert Advisory Committee on Substance Abuse (EAC)". Draft terms of reference. 12 June 2000.